

REQUEST FOR MISSION VEHICLE SUPPORT

(EUSA REG 58-1)

1. REQUEST FOR MISSION VEHICLE SUPPORT IS SUBMITTED

a. TYPE OF VEHICLE REQUIRED	b. NUMBER OF PASSENGERS
c. IF PRIMARY TYPE OF VEHICLE IS NOT AVAILABLE, IS A SUBSTITUTE ACCEPTABLE <input type="checkbox"/> YES <input type="checkbox"/> NO	d. DATE OR INCLUSIVE DATES VEHICLE SUPPORT IS REQUIRED
e. TIME VEHICLE WILL BE PICKED-UP AT THE TMP	f. TIME VEHICLE IS EXPECTED TO BE RETURNED TO THE TMP
g. OFFICIAL USER (Name, Grade, Organization, and Telephone Number)	
h. REPORTING POINT WHERE THE DRIVER WILL REPORT AFTER PICKING-UP THE VEHICLE FROM THE TMP (Unit, Building No., and Room No.)	
i. DESTINATION (The farthest point the vehicle is expected to travel)	j. DRIVER'S NAME (Name of second or third drivers, if appropriate)
k. JUSTIFICATION (Use reverse side, if necessary)	

2. IF AN EXTENDED DISPATCH IS REQUIRED, PROVIDE A VALID JUSTIFICATION. EXTENDED DISPATCHES WILL NOT BE GIVEN FOR CONVENIENCE:

I AM AWARE AND WILL INFORM ALL PERSONNEL USING THIS VEHICLE THAT MISAPPROPRIATION OR PERSONAL USE OF THIS VEHICLE IS IN DIRECT VIOLATION OF PUBLIC LAW AND THE UNIFORM CODE OF MILITARY JUSTICE. THIS REQUEST WILL BE SUBMITTED AT LEAST 48 HOURS IN ADVANCE BEFORE THE TIME MISSION VEHICLE SUPPORT IS REQUESTED.

3. THIS ACTIVITY DOES NOT HAVE TRANSPORTATION AVAILABLE TO MEET THIS REQUIREMENT

OFFICIAL USER (Name, Grade, and Organization)	TRANSPORTATION COORDINATOR (Name, Grade, and Phone No.)
SIGNATURE AND DATE	SIGNATURE AND DATE
APPROVED/DISAPPROVED BY:	TYPE OF VEHICLE APPROVED:
	BUMPER NUMBER:

INSTRUCTIONS FOR COMPLETION OF EA FORM 571-E

EA Form 571 (Request for Mission Vehicle Support) will be downloaded from the Eighth United States Army Intranet at <http://www-eusa.korea.army.mil> and will be prepared as follows:
Completion Instruction for Mission Vehicle Support.

BLOCK		TITLE	EXPLANATION
1	a	Type of Vehicle Required.	Type what type of vehicle is required to travel.
	b	Number of Passenger	Type how many passengers will be on travel.
	c	If Primary Type of Vehicle is not Available, is a Substitute Acceptable.	Check Yes or No block.
	d	Date of Inclusive Dates Vehicle Support is Required.	Date of inclusive dates vehicle support.
	e	Time Vehicle will Picked-up at the TMP.	Time the vehicle is to be dispatched.
	f	Time Vehicle is Expected to be Return to the TMP.	Time the vehicle is to be returned to the TMP.
	g	Official User (Name, Grade, Organization, and Telephone Number).	Individual whose official duties require transportation.
	h	Reporting Point Where the Driver will Report after Picking-up the Vehicle from the TMP (Unit, building number, and room number)	Unit, building number and room number where the driver will report after picking-up vehicle.
	i	Destination (The farthest point the vehicle is expected to travel)	Type where will be the farthest point to travel.
	j	Driver's Name (Name of second or third drivers, if appropriate).	Name and Grade/Rank of driver.
	k	Justification (Use reverse side, if necessary).	Justify <ol style="list-style-type: none"> 1. Why do you need vehicles. 2. If you have class "B" vehicles, why you can not use class "B" vehicles. 3. Why you can not use commercial transportation (<i>Bus, Train</i>). 4. Why you can not use scheduled activity bus or other transportation.
2	If an Extended Dispatch is required, Provide a Valid Justification. Extended Dispatches will not be given for Convenience.	Justify why do you need extended dispatches.	
3	Official User (<i>Name, Grade, and Organization</i>).	Type name, grade and organization of official user.	
	Transportation Coordination (<i>Name, grade and phone No.</i>).	Type name, grade/rank and telephone number of transportation coordinator.	
	Signature and Date.	Signature of official user, transportation coordinator and type the date.	